

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011955

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ravanna

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Mercer

c. CITY
OR TOWN

Princeton

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clall

Gray

4. DATE OF DEATH

Month

Day

Year

4

6

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/15/1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

8

21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

grain & stock

11. BIRTHPLACE (City and state or country)

Modena Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charley Gray

13b. MOTHER'S MAIDEN NAME

Lucy Bain

14. NAME OF HUSBAND OR WIFE

Thelma Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Thelma Gray - Princeton Missouri

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Trauma to midpart of abdomen

INTERVAL BETWEEN ONSET AND DEATH
immediate

DUE TO (b)

Ford Tractor and wagon loaded with hay

DUE TO (c)

passing over body

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

fell from tractor pulling a loaded hay

20c. TIME OF INJURY
Hour 1:45 P.M.
a.m. 4-6-62
p.m.

Month, Day, Year

wagon, which ran over his body.

20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
farm

20f. CITY, TOWN, OR LOCATION

2 miles north of Ravanna, Missouri

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at: about 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. J. Antell D.O.

22b. ADDRESS

Princeton, Missouri

22c. DATE SIGNED

4-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/8/1962

23c. NAME OF CEMETERY OR CREMATORY

Ravanna Cemetery

23d. LOCATION (City, town, or county)

Ravanna-Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Martin & Azbell - Princeton-Missouri

25. DATE RECD. BY LOCAL REG.

4-7-62

26. REGISTRAR'S SIGNATURE

Thelma Gray

(Licensed Embalmers Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0652
2 0650
3
4 0
5 1
6
7 0
8 2
9 9121
10 3
11 065
12 91-2
13 1-0

OCT 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Agbell

Licensed Embalmer No. 5020

P. O. Address Princeton-No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.